

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 365	Date: January 28, 2011
	Change Request 7236

SUBJECT: Diabetes Self-Management Training (DSMT)

I. SUMMARY OF CHANGES: The purpose of this transmittal is to update Pub. 100-08, Medicare Program Integrity Manual, Chapter 15, Section 4.6.1, Diabetes Self-Management Training (DSMT), to match the list of national accreditation organizations found in the instructions in Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 300.2.

EFFECTIVE DATE: March 30, 2009

IMPLEMENTATION DATE: April 29, 2011

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/15.4.6.1/Diabetes Self-Management Training (DSMT)

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-08	Transmittal: 365	Date: January 28, 2011	Change Request: 7236
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SUBJECT: Diabetes Self-Management Training (DSMT)

Effective Date: March 30, 2009

Implementation Date: April 29, 2011

I. GENERAL INFORMATION

A. Background: The purpose of this transmittal is to update Pub. 100-08, Medicare Program Integrity Manual, Chapter 15, Section 4.6.1, Diabetes Self-Management Training (DSMT), to match the list of national accreditation organizations found in the instructions in Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 300.2.

B. Policy: All DSMT programs must be accredited as meeting quality standards by a CMS-approved national accreditation organization. Currently, CMS recognizes the American Diabetes Association (ADA), American Association of Diabetes Educators and the Indian Health Service as approved national accreditation organizations.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I 	C A R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7236.1	Contractors shall be in compliance with the instructions found in Pub. 100-08, Medicare Program Integrity Manual, chapter 15, section 4.6.1.	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I 	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Alisha Banks Alisha.banks@cms.hhs.gov

Post-Implementation Contact(s): *Contact your Contracting Officer’s Technical Representative (COTR) or Contractor Manager, as applicable.*

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs), include the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

15.4.6.1 - Diabetes Self-Management Training (DSMT)

(Rev.365, Issued: 01-28-11, Effective: 03-30- 09, Implementation: 04-29-11)

General Background Information

The DSMT is not a separately recognized provider type like a physician or nurse practitioner. A person or entity cannot enroll in Medicare for the sole purpose of performing DSMT. Rather, DSMT is merely an extra service that a currently-enrolled provider or supplier can bill for, assuming it meets all of the necessary DSMT requirements.

All DSMT programs must be accredited as meeting quality standards by a CMS-approved national accreditation organization. Currently, CMS recognizes the American Diabetes Association (ADA), *American Association of Diabetes Educators* and the Indian Health Service as approved national accreditation organizations. A Medicare-enrolled provider or non-DMEPOS supplier that wishes to bill for DSMT may simply submit the ADA certificate to its contractor. No Form CMS-855 paperwork is required, unless the provider or supplier is not in PECOS, in which case - per section 7.1.1 of *Pub. 100-08, Medicare Program Integrity Manual, Chapter 10* – a complete Form CMS-855 application is required.

If the supplier is exclusively a DMEPOS supplier, it must complete and submit a Form CMS-855B application to its local carrier. This is because DMERCs do not pay DSMT claims, but carriers can. Thus, the DMEPOS supplier must separately enroll with its carrier, even if it has already completed a Form CMS-855S. If a carrier receives an application from a DMEPOS supplier that would like to bill for DMST, it shall verify with the National Supplier Clearinghouse that the applicant is currently enrolled and eligible to bill the Medicare program.

For more information on DSMT, refer to:

- Section 1861(qq) of the Social Security Act
- 42 CFR Part 410 (subpart H)
- Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, sections 300 – 300.5.1.